

**Report to the Emergency Involuntary
Procedures Review Committee
June 12, 2020**

**Data Review and Analysis
January - March
2020**



**Department of Mental Health
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Contents

Definitions	2
Data Reports	3
Aggregate Procedures: All Units by Type of Procedure	3
Aggregate Procedures: Type of Procedure by Unit	7
Aggregate Procedures: Procedures Per Patient	8
Aggregate Procedures: Episodes Per Patient.....	9
Emergency Involuntary Procedures on Level 1 Units	10
Emergency Involuntary Procedures: Rates per 1,000 Patient Hours.....	12

Additional data are available at

<http://app.resultsscorecard.com/Scorecard/Embed/10396>

Definitions

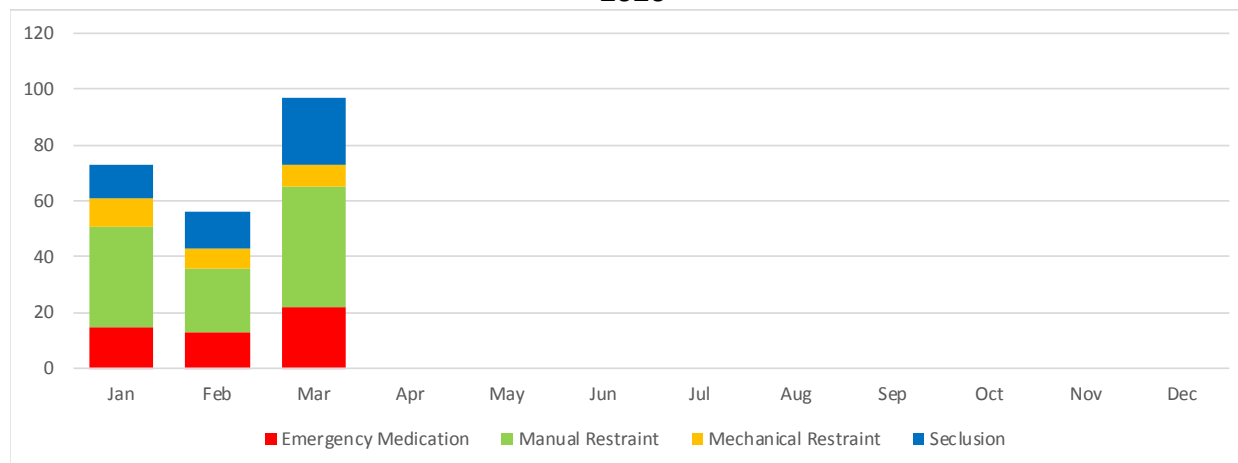
Vermont Designated Hospitals agree to follow Centers for Medicare and Medicaid Services (CMS) definitions for seclusion, restraint and emergency involuntary medication. For reporting purposes to DMH, the following definitions are utilized.

Emergency Involuntary Procedures (EIPs)	Include instances of restraint, seclusion or emergency involuntary medication.
Restraint	A restraint includes any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely (CMS 482.13(e)(1)(i)(A)).
Seclusion	Seclusion means the involuntary confinement of a patient alone in a room or an area from which the patient is physically or otherwise prevented from leaving. Seclusion shall be used only for the management of violent or self-destructive behavior that poses an imminent risk of serious bodily harm to the patient, staff member, or others. (CMS 482.13(e)(1)(ii).
Emergency Involuntary Medication	A restraint is also defined as a drug or medicine used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement, and is not standard treatment or dosage for the patient's condition (CMS 482.13(e)(1)(i)(B)).
Episodes of Emergency Involuntary Procedures	When clinically indicated, emergency involuntary procedures may be used in combination when a single procedure has not been effective in protecting the safety of the patient, staff, or others. When the simultaneous use of emergency involuntary procedures is used, there must be adequate documentation that justifies the decision for combined use. (CMS 482.13(e)(15)). In the following report, the use of emergency involuntary procedures in combination is referred to as an episode. Episodes can include any combination of seclusion, restraint, or emergency involuntary medication.

Data Reports

Aggregate Procedures: All Units by Type of Procedure

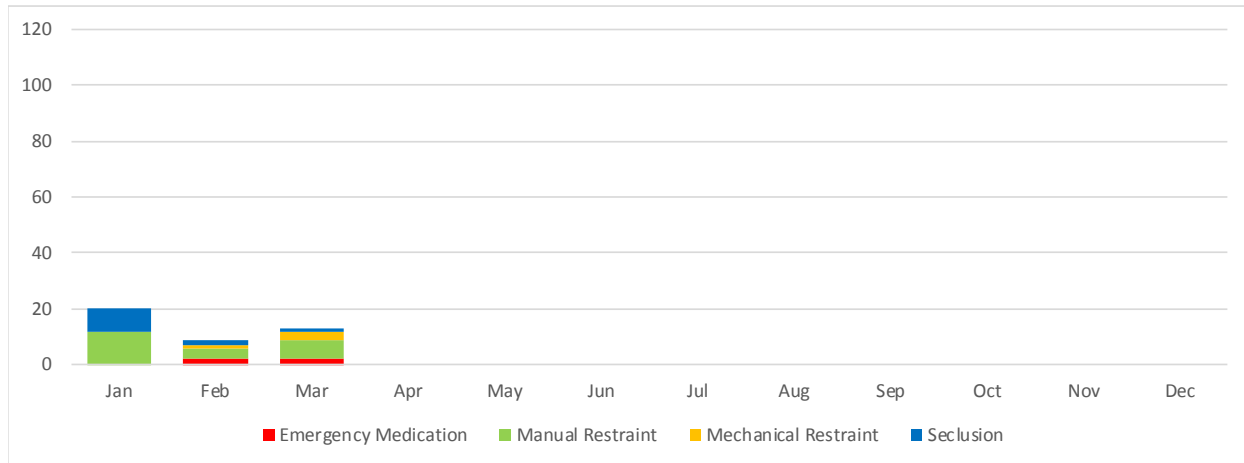
Aggregate Emergency Involuntary Procedures for **Involuntary Patients** **Adult Psychiatric Units** by Type of Procedure 2020



	2020												
<u>Type of Procedure</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Trend</u>
Emergency Medication	15	13	22										
Manual Restraint	36	23	43										
Mechanical Restraint	10	7	8										
Seclusion	12	13	24										
Total	73	56	97										

Analysis conducted by the Vermont Department of Mental Health Research and Statistics Unit from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requests for submittal of Certificates of Need (CON) following emergency involuntary procedures. Procedures for seclusion, restraint, and emergency medication meet criteria defined by the Centers for Medicare and Medicaid Services for clients involuntarily admitted to Vermont Designated Hospitals.

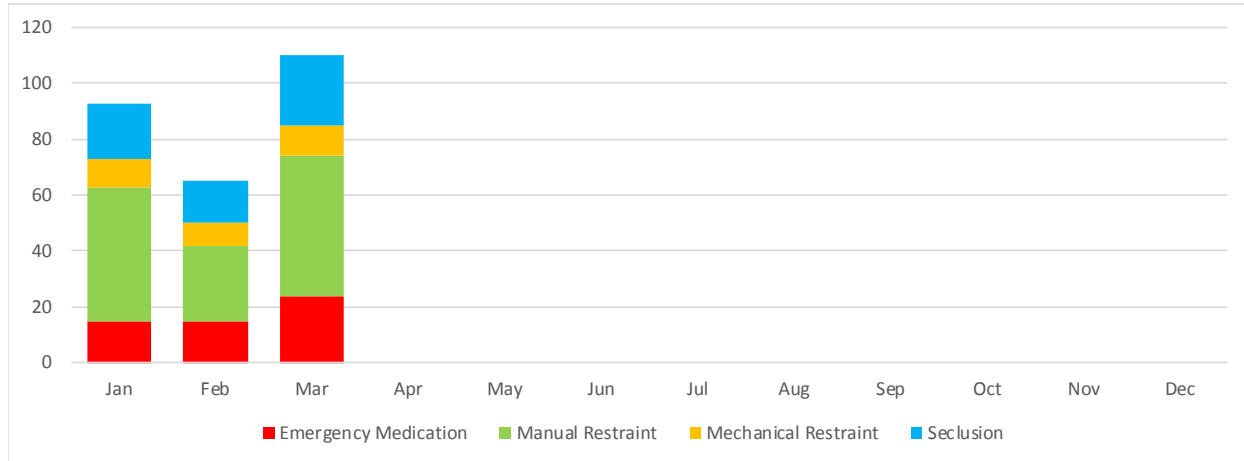
**Aggregate Emergency Involuntary Procedures
for Involuntary Patients
Youth Psychiatric Units by Type of Procedure
2020**



	2020												
<u>Type of Procedure</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Trend</u>
Emergency Medication	0	2	2										■
Manual Restraint	12	4	7										■
Mechanical Restraint	0	1	3										■
Seclusion	8	2	1										■
Total	20	9	13										■

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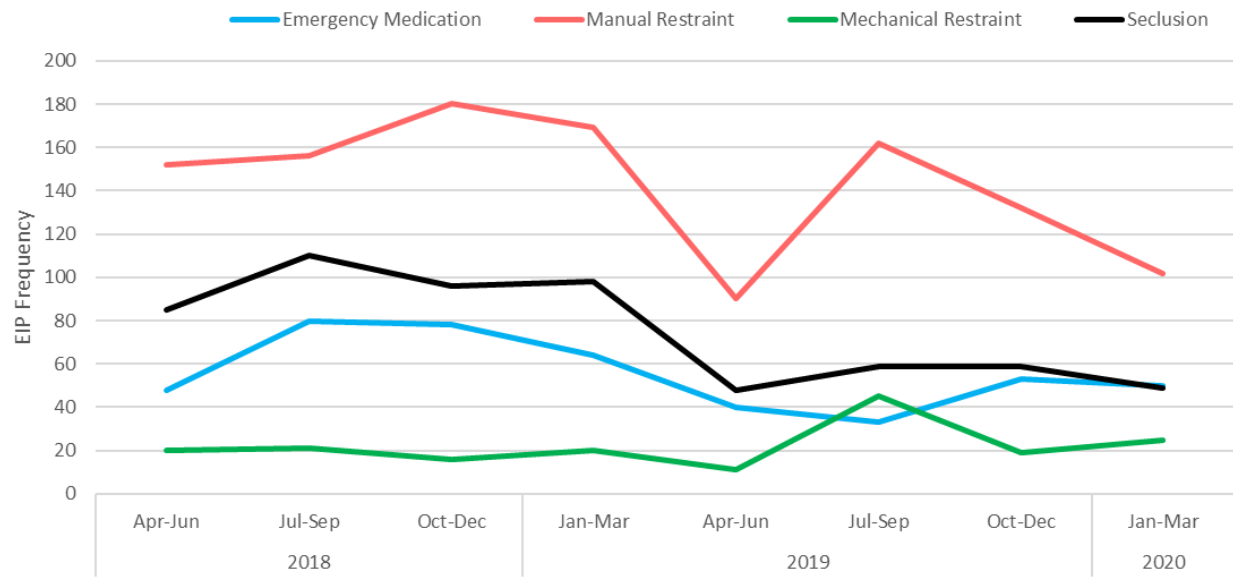
**Aggregate Emergency Involuntary Procedures
for Involuntary Patients
Psychiatric Units by Type of Procedure
2020**



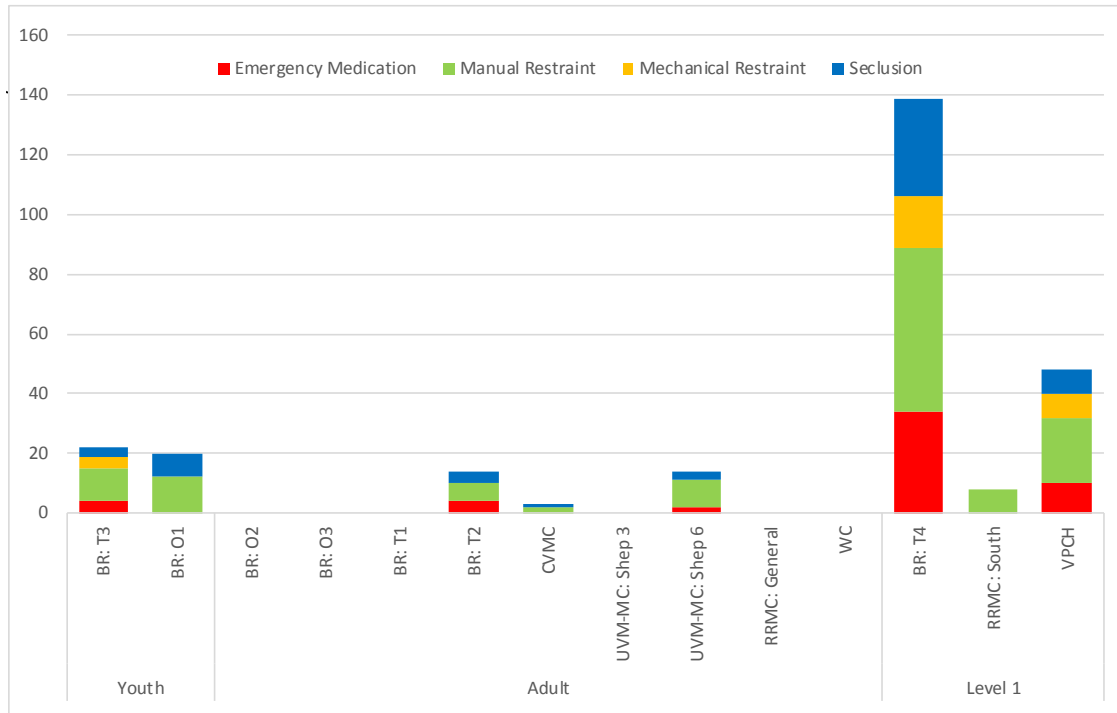
	2020												
<u>Type of Procedure</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Trend</u>
Emergency Medication	15	15	24										
Manual Restraint	48	27	50										
Mechanical Restraint	10	8	11										
Seclusion	20	15	25										
Total	93	65	110										

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Emergency Involuntary Procedures Quarterly Frequencies by EIP Type All Involuntary Patients



Aggregate Procedures: Type of Procedure by Unit
Aggregate Emergency Involuntary Procedures for Involuntary Patients
Adult and Youth Psychiatric Units by Type of Procedure
January - March 2020



	Jan-Mar	Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion	Total Procedures	Total Episodes	Total Time
Youth	BR: Tyler 3	4	11	4	3	22	11	8:17
	BR: Osgood 1	0	12	0	8	20	13	4:50
Adult	BR: Osgood 2	0	0	0	0	0	0	0:00
	BR: Osgood 3	0	0	0	0	0	0	0:00
	BR: Tyler 1	0	0	0	0	0	0	0:00
	BR: Tyler 2	4	6	0	4	14	7	2:23
	CVMC	0	2	0	1	3	2	1:33
	UVM-MC: Shep 3	0	0	0	0	0	0	0:00
	UVM-MC: Shep 6	2	9	0	3	14	10	2:30
	RRMC: General	0	0	0	0	0	0	0:00
	WC	0	0	0	0	0	0	0:00
Level 1	BR: Tyler 4	34	55	17	33	139	68	72:29
	RRMC: South Wing	0	8	0	0	8	8	0:11
	VPCH	10	22	8	8	48	22	16:54
Total		54	125	29	60	268	141	109:07

Analysis conducted by the Vermont Department of Mental Health from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requirements for submission of Certificates of Need following Emergency Involuntary Procedures. Procedures of seclusion, restraint and emergency medication meet criteria defined by Centers for Medicare and Medicaid Services for clients involuntarily admitted to Vermont Designated Hospitals.

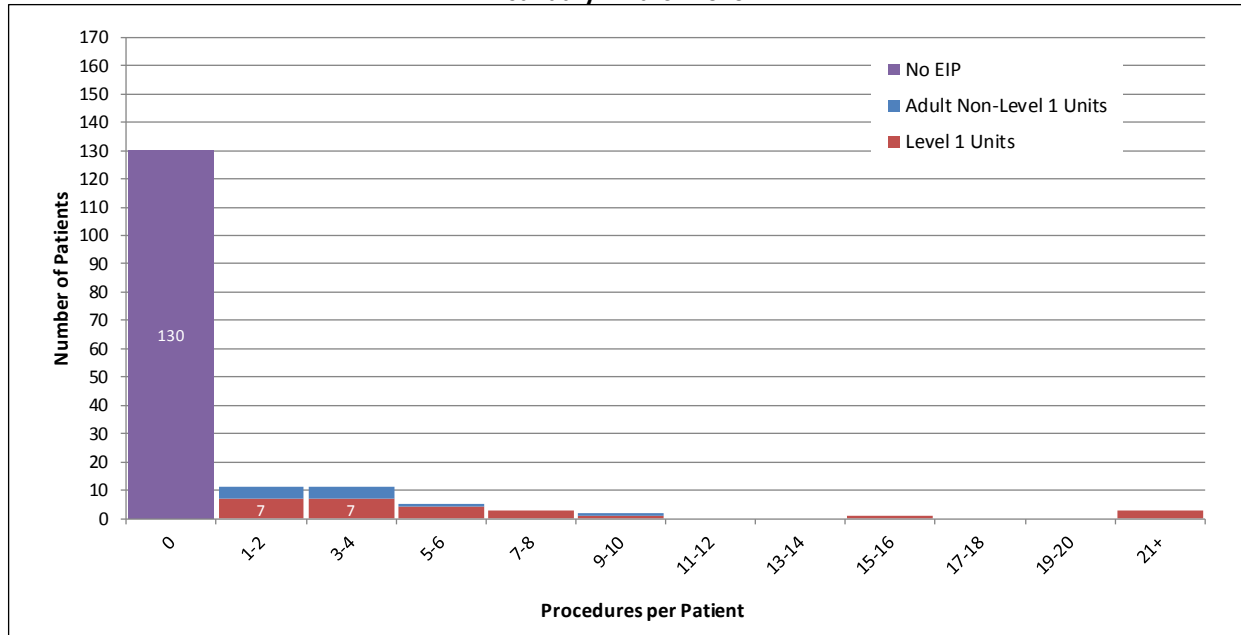
Aggregate Procedures: Procedures Per Patient

Aggregate Emergency Involuntary Procedures for Involuntary Patients

Procedures Per Patient

Adult Psychiatric Units

January - March 2020



Type of Unit	Number of EIPs per Patient												Total Patients
	0	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21+	
Adult		4	4	1	0	1	0	0	0	0	0	0	10
Level 1		7	7	4	3	1	0	0	1	0	0	3	26
Total Patients	130	11	11	5	3	2	0	0	1	0	0	3	166
% of Patients	78%	7%	7%	3%	2%	1%	0%	0%	1%	0%	0%	2%	100%

Analysis conducted by the Vermont Department of Mental Health Research and Statistics Unit from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requests for submittal of Certificates of Need following Emergency Involuntary Procedures. Procedures of seclusion, restraint and emergency medication meet criteria defined by Centers for Medicare and Medicaid Services for clients involuntarily admitted to Vermont Designated Hospitals. For the purposes of this report, Level 1 Status is defined by the unit reported in the EIP Certification of Need (CON), not the patient's status determination.

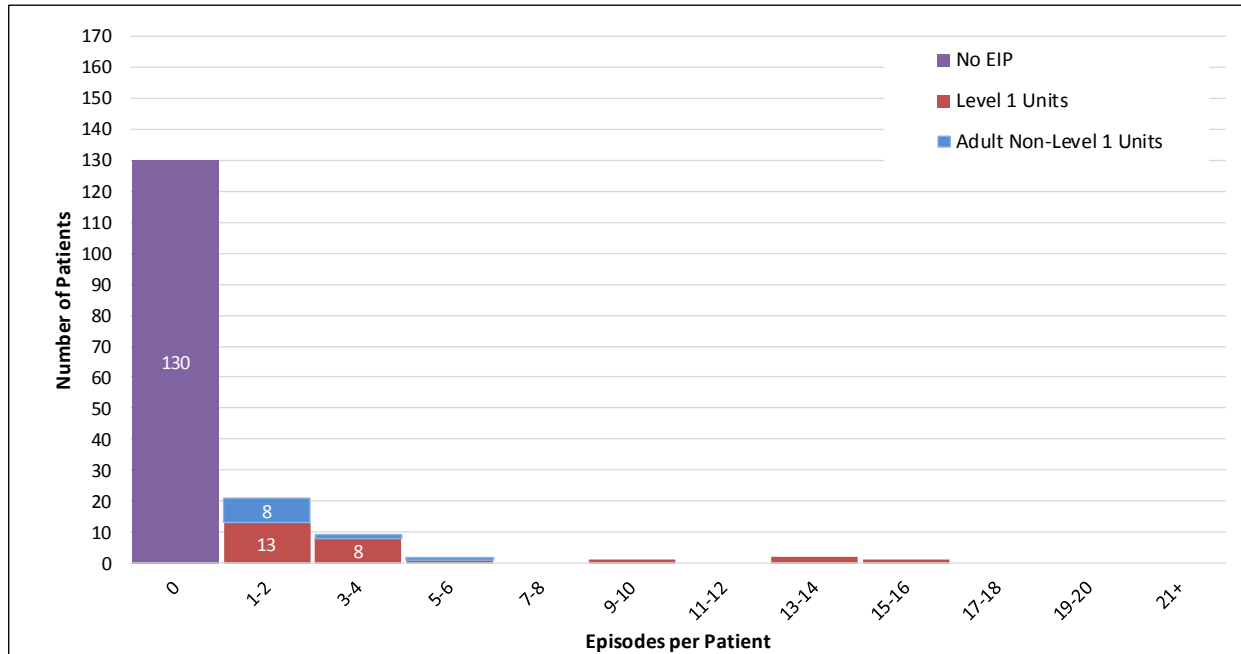
Aggregate Procedures: Episodes Per Patient

Aggregate Emergency Involuntary Procedures for Involuntary Patients

Episodes Per Patient

Adult Psychiatric Units

January - March 2020



Type of Unit	Number of Episodes per Patient												Total Patients
	0	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21+	
Adult	8	1	1	0	0	0	0	0	0	0	0	0	10
Level 1	13	8	1	0	1	0	2	1	0	0	0	0	26
Total Patients	130	21	9	2	0	1	0	2	1	0	0	0	166
% of Patients	78%	13%	5%	1%	0%	1%	0%	1%	1%	0%	0%	0%	100%

Analysis conducted by the Vermont Department of Mental Health Research and Statistics Unit from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requests for submittal of Certificates of Need following Emergency Involuntary Procedures. Procedures of seclusion, restraint and emergency medication meet criteria defined by Centers for Medicare and Medicaid Services for clients involuntarily admitted to Vermont Designated Hospitals.

Emergency Involuntary Procedures on Level 1 Units

Analysis:

Raw data based on CONs sent to DMH from the three Designated Hospital Level 1 units calculated to determine the number of hours patients were in seclusion or restraint per 1,000 patient hours. Reporting is based upon patient location on a Level 1 unit.

Ratio calculation:

Numerator: Total number of hours that psychiatric patients were in seclusion or restraint (restraint includes all manual and mechanical)

Denominator: Total patient hours on Level 1 units divided by 1,000 patient hours

$$\text{Rate} = \frac{(\text{total hours of seclusion and restraint})}{\frac{(\text{total patient hours})}{1,000}} \quad \text{-Or-} \quad \text{Rate} = 1,000 * \frac{(\text{total hours of seclusion and restraint})}{(\text{total patient hours})}$$

Year	Quarter	Brattleboro Retreat	Rutland Regional Medical Ctr	Vermont Psychiatric	Level 1 Units
		Tyler 4	South Wing	Care Hospital	Overall
2019	Apr-Jun	1.13	0.06	0.42	0.60
	Jul-Sep	1.65	1.35	1.05	1.29
	Oct-Dec	1.71	1.26	1.05	1.29
2020	Jan-Mar	2.51	0.01	0.34	0.98

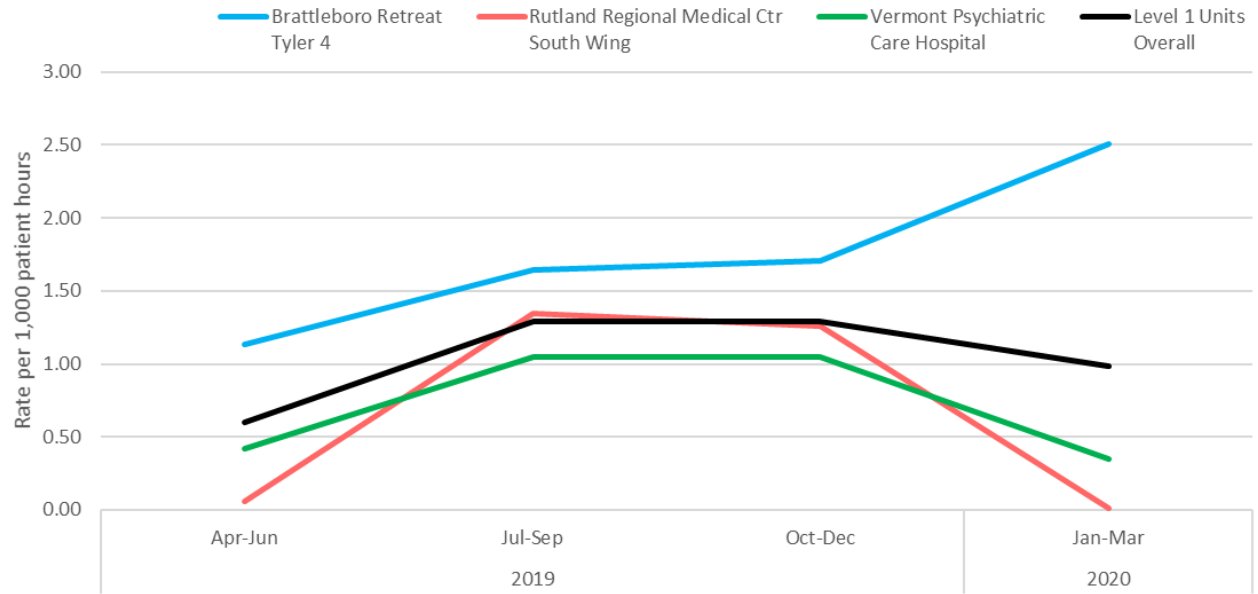
Joint Commission National Quality Measures:

National Averages for Hospital-Based Inpatient Psychiatric Services

Rate per 1,000 patient hours

Combined hours of seclusion and restraint	0.91 hours
Hours of restraint (adults age 18-64)	0.52 hours
Hours of seclusion (adults age 18-64)	0.39 hours

Emergency Involuntary Procedures Rate of Seclusion and Restraint on Level 1 Units



Emergency Involuntary Procedures: Rates per 1,000 Patient Hours All Units and Legal Status on Psychiatric Units

